LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.
Registrations expire on January 31 unless a renewal is
submitted between December 1 and January 31, 1999

FOR OFFICE USE ONLY
Postmark Date: 4-30-99

#801
$10.00
KSD

1990918

Instructions

- Print in ink or type.
- Complete form, have it notarized and return with $10 registration fee to the Board of Ethics. 8401 United Plaza Blvd., Suite 200 Baton Rouge, LA 70809-7017, (504) 922-1400.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Renewals must be submitted between December 1 and January 31.

1. NAME Cloud   Sherri   L
   Last   First   MI

2. BUSINESS PHONE (615) 279-8282
   Area Code and Phone Number

3. BUSINESS ADDRESS 1908 Adelan Ave, 2nd Floor   Nashville TN 37212
   Street and No.   City   State   Zip

4. EMPLOYER Schering Plough External Affairs Inc.

5. EMPLOYER'S ADDRESS 2000 Galloping Hill Road Kenilworth NJ 07033
   Street and No.   City   State   Zip

6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

   1. Name Schering Plough External Affairs Inc.

      Address 2000 Galloping Hill Road Bldg K-5-2 Kenilworth, NJ 07033

      Business or purpose Pharmaceutical company

      Does this person pay you? yes

      If No, who pays you? _____

   2. Name _____

      Address _____

      Business or purpose _____

      Does this person pay you? _____

      If No, who pays you? _____

ATTACHMENT D-18

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Lobbyist's Registration Number

3. Name _____

   Address _____

   Business or purpose _____

   Does this person pay you? _____

   If No, who pays you? _____

4. Name _____

   Address _____

   Business or purpose _____

   Does this person pay you? _____

   If No, who pays you? _____

5. Name _____

   Address _____

   Business or purpose _____

   Does this person pay you? _____

   If No, who pays you? _____

State of _Louisiana_

Parish of _East Baton Rouge_

Before me, the undersigned authority, personally came and appeared _Sherri Cloud_, who, after being
duly sworn by me, did declare and acknowledge to me that the above statements are true and correct.

Sherri Cloud
Signature of Lobbyist

Sworn to and subscribed before me on this _9th_ day of
April 19_98_

[signature]
Notary Public

Rev. 8/97